

TRICARE *Europe*

COMPASS

TRICARE Europe
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The TRICARE Europe COMPASS is published quarterly by the office of the TRICARE Europe Lead Agent. If you have questions or concerns, or would like to see specific articles or information in the COMPASS, please contact Sue Christensen, TRICARE Europe Public Affairs Officer, at DSN 496-6315 or civilian (49)-(0)6302-67-6315 or e-mail teo.pao@sembach.af.mil. Comments, suggestions and article submissions are welcome.

From the Director...

by Col Debra Geiger
TRICARE Europe Executive Director

This time last year, I specifically recall seeing a "commercial" on AFN—it was GEN Shelton, Chairman of the Joint Chiefs of Staff, talking about leadership success in "fixing" military pay in the legislation for 2000. He said in the coming year they would devote their energies to "fixing" TRICARE. I was taken aback by the statement—certainly TRICARE could be 'tweaked' a little; but I did not, and still do not, believe it is broken. Some of the 'tweaking' that has been done over the past year includes the following TRICARE Program enhancements:

- ✦ DCAO was implemented to aid beneficiaries taken to debt collection as a result of medical claims issues
- ✦ Initiation of a new web site (myTRICARE.com) for claims customer service (covers 80% of TRICARE beneficiaries and providers; claims processed by PGBA)
- ✦ Reduced aged claims by almost 30,000 from Dec 1999 to Dec 2000
- ✦ Reduced mean turn-around time on TRICARE claims to 14 days
- ✦ TRICARE Prime Remote for CONUS active duty members implemented
- ✦ Centralized reporting system established for reporting potential/actual problems in medical systems/-processes (to improve patient safety/health care quality throughout the MHS)

From my perspective, the "fix" needed relative to TRICARE was not a TRICARE program issue but rather an entitlement issue. The passage of the FY 2001 National Defense Authorization Act "repaired" a "broken" promise (or at least the perception of a broken promise) to our military retirees and their families, espe-

cially those over the age of 65. Pentagon civilian and military leadership, as well as Congressional leaders and advocacy organizations, achieved a major success with this legislation. Also known as Public Law 106-398, the major accomplishment is the provision referred to as "TRICARE For Life" (or, as Dr. Sears, the Executive Director of TMA refers to it, "The Golden Supplemental"). Effective 1 Oct 2001, Medicare-eligible retirees become eligible for TRICARE, with TRICARE becoming the second-payer to Medicare (except overseas where TRICARE will become first payer. [Individuals must carry Medicare Part B to use this benefit].

There are a number of other key provisions that were included in this law:

AD & ADFM

- ✦ Eliminates copays for civilian health care (CONUS; OCONUS already has this feature), except prescriptions, effective Apr 01
- ✦ Extends TRICARE Prime Remote to CONUS family members (already a provision of TRICARE Europe remote)
- ✦ Introduces a chiropractic health care benefit (active duty in CONUS only) phase in over 5 years.

Medicare-eligible military retirees (in addition to "TRICARE For Life")

- ✦ Provides pharmacy benefit to these dual eligibles effective 1 Apr 2001 (includes National Mail Order Pharmacy and Retail Pharmacies)
- ✦ Extends TRICARE Senior Prime Demonstration through Dec 2001

Other benefits

- ✦ Reduces retiree catastrophic cap under TRICARE Standard (\$7500 to \$3000)

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Population Health Office "Grows"

*Lt Col Liz Robison
Director, Population Health*

Population Health welcomes three new staff members to the office. **CAPT Rod Fierek**, USN, Nurse Corps, comes to us from National Naval Medical Center (NNMC), Bethesda, with extensive health care management experience. At NNMC, he was responsible for the Primary Care Product-line, interfacing with the primary care optimization efforts and the transition to TRICARE in Region 1. His background includes working programs in wellness and prevention. Initially, at TRICARE Europe, CAPT Fierek will be spearheading the initiative to develop the Regional Case Management program that will operate out of the TRICARE Europe Office. Additionally, he'll be involved in a variety of other special projects, to include working with the Services to synchronize health/wellness programs for the European theater, a new initiative established by the Lead Agent, BG Ursone, with the endorsement of TRICARE Europe's Executive Steering Committee. We are glad to have CAPT Fierek "on board" as part of the TRICARE Europe team.



TRICARE Europe Welcomes New Staff Members

Counter clockwise from top right, Mrs. Marcela Duris, CPT Eric Edwards, Mrs. Shane Pham, Mrs. Sean Glover, CAPT Rod Fierek and Arthur Pedersen.



CPT Eric Edwards is currently involved in a residency program to fulfill his graduate study requirements for his Masters of Science in Health Administration from the University of Alabama at Birmingham. His primary responsibility will be in the area of data management, but he will also have program management responsibility for the Personal Health Advisor through iMcKesson (now part of Access Health) and the HEAR process through our SAIC partners. Since these are the two major contracts that support areas of population health management, the management aspect and data information will be a great fit for fulfilling his residency requirements and contributing to the mission of the population health office by identifying opportunities to incorporate data information in our business practice.

Mrs. Marcela Duris arrived to provide administrative support to the division. Working in a part-time position, she has already contributed by updating and maintaining administrative information, adding a helpful hand and always pleasant smile to our daily office management tasks. Marcela previously worked in Credentials at the 86th Medical Group at Ramstein. She hails from Panama City, Panama.

Customer Services Division Adds New Staff

Also new to the TRICARE Europe Office are **Sean Glover** and **Shane Pham**, new SAIC employees who arrived to work customer and benefit issues for the Customer Services Support Division.

Sean is originally from North Carolina. She and her family arrived in Germany this summer from San Antonio. Her husband (Larry) is active duty Air Force stationed at Ramstein. Sean and Larry have two daughters: Kyshia is 21 and is a student at the University of Texas at Arlington and Sophia is 16 and is here in Germany.

Shane is married to Tran who is also active duty Air Force stationed at Ramstein. Shane and Tran have two children: Darien, 7 and Mason, 5. The Pham family arrived in Germany this summer from their previous assignment at Eglin AFB FL. Shane is originally from Michigan. ■

Dr. H. James Sears, Executive Director of the TRICARE Management Activity, called the changes outlined in this year's budget legislation "the biggest platter of benefit changes" since the mid-1960s. TRICARE, he said, is adding benefits and continues to lower beneficiaries' out-of-pocket costs and, in the process, taking the irritants out of the TRICARE program and improving accessibility.

Dr. Sears Visits TRICARE Europe Facilities

by CAPT Cindy DiLorenzo, Deputy Director

Dr. James T. Sears, Executive Director of the TRICARE Management Activity, spent two weeks in October visiting Military Treatment Facilities throughout TRICARE Europe. His first stop was the 31st Medical Group, Aviano where he visited with the medical staff and toured the facility. He was also provided a tour of Pordenone Hospital, the host nation facility which Aviano uses for inpatient care that they are not equipped to handle. Next, it was on to Germany where he visited with the injured sailors of the U.S.S. Cole who were receiving care at the Landstuhl Regional Medical Center. Next on his agenda was a stop at the Army Health Clinic, Baumholder where he received an in-depth briefing on the WIC Overseas Program. In Dr. Sears' discussions with the line leadership throughout his visit, he stressed the importance of the WIC Program being implemented in overseas locations and the necessity of line leadership's active involvement in and support of the program.

Traveling with the TRICARE Europe Lead Agent, BG Ursone and the Executive Director, Col Debra Geiger, Dr. Sears spent two days at SHAPE Headquarters, where he was afforded the opportunity to meet with the Clinic staff and visit the local host nation inpatient facility, Ambrose Pare. He also met with the EUCOM line leadership and the Medical Advisor to Allied Command Europe, BG Klein. Then it was onto London to meet with the Navy leadership at CINCUSNAVEUR, visit the 48th Medical Group at Lakenheath, and tour the Navy Medical Clinic, London.

At every stop on his trip, Dr. Sears met with MTF providers, beneficiary groups, and senior enlisted groups to listen to their concerns about the delivery of health care in TRICARE Europe. He addressed a number of issues during these meetings - the FY 2001 National Defense Authorization Act and the provisions in it that will greatly impact the Military Health System, the quality of care the MHS is known for, the implementation of the WIC Overseas Program, the concerns with the claims processing and the improvements made in the claims system to alleviate those concerns.

Throughout the entire trip, Dr. Sears was impressed with the commitment and caring he saw in the MTFs, with the quality of health care in the MTFs and the host nation facilities, and the positive comments he received from both beneficiaries and line personnel regarding the health care in TRICARE Europe. It is through your efforts that Dr. Sears' trip was a positive, successful one and you should all be quite proud of the work you do every day. On behalf of the TRICARE Europe Lead Agent, thank you for taking care of our beneficiaries and for doing such outstanding work. ■

Claims Processing Update

by Uli Engel, Customer Support Services

Claims Filing Deadline

In order to meet the claim filing deadline, all TRICARE/CHAMPUS claims must be submitted to the respective claims processor no later than one year after the services were provided or 90 days from the date the claim was returned to the provider or beneficiary. Exceptions to this policy include: retroactive eligibility determinations, administrative error, mental incompetence, and delay by other health insurance (when not attributable to the beneficiaries).

How can the patient/sponsor request an exception to the claims filing deadline? He/she needs to attach a letter to the claim completely explaining the circumstances of the late filing along with documentation supporting the request. Each request for an exception to claims filing deadline is reviewed individually by the regional claims processor and considered on its own merits. This is outlined in 32 CFR, Part 199.7

Second Opinions...Covered Benefit?

Generally speaking, second opinions are a covered benefit. This issue is discussed in the Policy Manual Chapter 13, Section 3.7 (Surgery) under Para III H. A third opinion may also be a covered benefit; in the event surgery recommendations from the first and second physician differ. OPM, Chapter 3, II B (Clinical Quality Management Program Components) also discusses second opinions for other healthcare services. It charges Managed Care Support Contractors (MCSC) to establish a procedure where a beneficiary may obtain a second opinion on a medical condition diagnosis and/or a recommended treatment modality. Since we do not have MCSCs in Europe, MTFs should ensure staff members realize this is a covered benefit and facilitate access either internally in the MTF or in the network. Be sure to read the specifics in both policy manuals.

Patient's signature on claim form

Often the question is asked, "Why is it so important that the patient/sponsor sign the claim form."

When the patient/sponsor signs the claim form, she/he certifies that the patient identification information as well as OHI information is correct and that the care was actually rendered as indicated on the bill. It also authorizes the claims processor to obtain or release additional information as well as medical documentation.

Are there any exceptions to this requirement?

Only claims for laboratory or diagnostic tests, anesthesiology or radiology services do not have to have the

TRICARE Europe Breast Health Program Year In Review

By Maureen Sherman
Breast Health Program Manager

The year 2000 brought about many incredible happenings in the world of medicine regarding breast cancer. New trials are under study throughout the United States and Europe in the hope of someday soon finding a vaccine against or cure for breast cancer.

The DoD Breast Cancer Initiative, which began in 1996 with Congress mandating increased access to the MTFs for screening, education, prevention, education, diagnosis and treatment of breast cancer, was simply the beginning. The initiative brought the term breast cancer out of the closet, and now that it is out good things have been happening in the world of medical science. The advances during the past year have been significant.

New studies are underway in the United States testing new and remarkable ways that may one day be used to treat breast cancer. MD Anderson Cancer Center and Boston's Brigham & Women's Hospital are doing pilot experiments in Focused Ultrasound, a therapy that will offer a noninvasive alternative to breast cancer surgery.

Last year new medications helped make advances in how breast cancer is being treated. The FDA has just approved a new medication, Femara, for the treatment of advanced metastatic breast cancer. This new drug challenges the longtime standard therapy, Tamoxifen.

The year 2000 also highlighted LTC George Peoples' work at Walter Reed Army Medical Center where he is studying a preventive cancer vaccine that will work against most cancers. There are two clinical trials now underway in both breast and prostate cancer. Although still in the study stage, these new findings merely touch the surface of all that is going on in the fight against this devastating disease.



The TRICARE Europe Breast Health Program is developing a database as one of the initial tasks for the year 2001. We are in the process of gathering information from each of the MTFs with the help of a questionnaire that was initially sent to the sites in late October 2000. The database will readily assist the staff in answering questions presented to them by patients, providers, and family members.

The questions touch on such topics as the number of mammograms performed at the site, whether or not surgery is available, which treatment facilities our patients are using on the economy, where breast cancer patients can obtain breast prostheses in the area, etc.

■

Claims Processing Update, continued from page 3

patient's signature providing that the care was rendered during an inpatient admission and that the institutional provider obtained the signature of the beneficiary/sponsor. If the patient has died, then the next of kin or the appointed certifying officer may sign the form.

32 CFR, Part 199.7 outlines the requirements in more detail. ■

Tri-Service Medical Logistics Support Program

by LCDR Geri Haradon
Director, Operational Management Support

In January 1998, the Department of Defense (DoD) policy for regional logistics was established in Health Affairs (HA) Policy 98-013. It prescribed the establishment of regional tri-service medical logistics programs, organized under the leadership of DoD healthcare region Lead Agents. To the extent possible, regional logistics programs will seek economies through partnership with activities of the Department of Veterans Affairs (DVA) and other federal agencies within each region.

The Tri-Service Medical Logistics Support Program (MLSP) was established in TRICARE Europe on 1 Dec 2000 with the signing of the policy by the Lead Agent. The purpose of this program is to establish regional standardization and purchasing mechanisms for medical/surgical supplies, equipment, and pharmaceutical products within the TRICARE Europe regional area of responsibility.

This program consists of the Tri-Service Product Review Board (TPRB) and the Tri-Service Regional Business Office (TRBO). The TPRB is the clinical representation for this program and is chaired by COL Robert Larsen, Medical Director, TRICARE Europe. Members of the committee include a nurse liaison and Service clinical representatives. This committee will review proposals submitted by the TRBO when products are identified for standardization. The TRBO is the administrative side of the program and is lead by the senior logistician in theater with each Service providing logistical representation. This committee will review product usage throughout the theater and provide data to the TPRB for review and consideration for standardization.

It is crucial to obtain clinical consensus and compliance for product standardization decisions in the selection of materials and services that can provide the best value for achieving desired clinical outcomes. Regional logistics, in particular regional product standardization, must be a clinically led enterprise, with logisticians in a supporting role.

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Appointment Standardization

By 1Lt Derek Eckley
Director, Information Systems

Appointment Standardization (APS) is part of MHS Optimization and was developed to improve access to care for the patient, maximize the utilization of Military Treatment Facility (MTF) capacity, standardize appointing data elements for better performance measurement and management, and provide one standardized appointing model for booking across the Military Health System (MHS). The objective of the project is to book the right patient to the right provider at the right time at the right place.

A policy letter signed by the Assistant Secretary of Defense for Health Affairs directs implementation to begin 1 Oct 2000 and continue for one year. This policy provides a standardized methodology to implement appointment standardization. To assist in implementing this initiative TMA developed an Integrated Program Team (IPT) consisting of members from each TRICARE region and the three services. The IPT has developed several educational materials and technical solutions, which will assist in implementation. These materials can be located on the TRICARE Access Imperatives (TAI) Web site at www.tricare.osd.mil/tai/. The technical solutions developed, APS I and APS II, are program changes to the Managed Care Program (MCP) in the Composite Health Care System (CHCS). APS I is available for use and should have already been loaded on your system. APS II is due to be released sometime in July 2001. These technical changes to CHCS are important and should be reviewed by everyone. Further guidance on this initiative is forthcoming, however sites can and should begin preparing for APS.

Sites can make the following changes in CHCS MCP Health Care Finder without waiting for CHCS updates to the MCP functions. The following changes are approved by TMA and will be standard with the transition to Appointment Standardization:

- Implement the nine appointment types. Refer to the document titled *TRICARE Management Activity Appointment Type Standardization* on the TAI Web site for a list of the appointment type codes and descriptions. Also, refer to the *Appointing Operations Scenarios* on the TAI Web site for examples of the procedures to follow when booking each appointment type. Until the new system changes are available, sites may need more than the nine appointment types. Each appointment type may include a \$ extender to indicate "MTF book only," e.g. PCM\$, or an "X" extender to identify a non-count appointment, e.g. PCMX, ROUTX, etc. Sites must add the 9 non-count appointment types to their appointment type table to use them.

- In preparation, provider profiles need to be cleaned up in CHCS. Inactive or generic providers should be inactivated. Old appointment types should be inactivated. One Provider Master List should be made available for each division on the CHCS host.
- Implement the standard clinic names. Refer to the document titled *Clinic Name Recommendations* on the TAI Web site for a list of the recommended clinic names. Clinic names should be standardized at the specialty level only. Future recommendations for sub-specialty clinic names at the fourth level are still being determined.
- Implement the detail field as free text stored temporarily in the slot comment field. The slot comment field can be used until CHCS is enhanced to include the detail field as a standalone field. Refer to the document titled *TRICARE Management Activity Appointment Type Standardization* on the TAI Web site for a list of the standard detail field codes and descriptions. Until all the new system changes are available in APS II, sites may add their own detail codes but all new detail codes should be coordinated with the Lead Agent to maintain standardization.
- Enter detail codes into the slot comment field to determine Prime and non-Prime beneficiary priorities for appointments. The clerk will visually match the patient to an appointment slot based on the slot comment.
- Enter age restrictions as free text in the slot comment field to match a patient with a provider. Detail codes may be used for age restrictions. The clerk will visually match the patient to an appointment slot based on the slot comment.
- Enter gender matches as free text in the slot comment field to match a patient to a provider. The clerk will visually match the patient to an appointment slot based on the slot comment.
- Inactivate the old appointment types until one Master List can be turned on per MTF/platform site. It is noted that old appointment types cannot be turned off until the existing schedule of appointments visits are completed.

If a site is not using KG-ADS, then clinics must perform the following:

- Create new Ambulatory Data System (ADS) forms (bubble sheets). The new appointment types will not work with the existing appointment types.
- New ADS overlay changes must be created using the new appointment types. Clinics are encouraged to pull the top 58 diagnoses in ADS to redo form overlays per appointment type. Detail codes are being reviewed for inclusion in ADS.

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WIC Overseas Program

by CAPT Maureen Hogan
WIC Program Coordinator

Women, Infants and Children (WIC), the most successful federally-funded nutrition program, is finally coming to Europe. The Overseas WIC program is a brand new, DoD funded "Quality of Life" program modeled after the USDA WIC program. WIC is being implemented overseas to provide equity of benefits for US military and their family members, US citizens employed by military and their family members, and US Citizens employed by DoD contractors and their families.

The program will start initially with two communities in Europe: Baumholder, Germany and Lakenheath, United Kingdom. The scheduled start date for these communities is early 2001. Other areas in Europe will start WIC programs late 2001.

Contracts are being established for a "turn-key" operation and final negotiations are being completed as quickly as possible. Program Managers at the TRICARE Management Activity (TMA), TRICARE Europe as well as the pilot sites are diligently working to ensure a quality program is implemented from the very beginning.

The enrollment process will mirror the USDA program. Eligible applicants for the program include women who are pregnant, breastfeeding, or less than 6 months post-partum, and infants and children up to 5 years of age. Applicants to the program must be within a certain income level and have a medical reason, such as anemia, poor nutrition etc. to be enrolled. The WIC Income Eligibility Guidelines (below) will be used and must be verified by a Leave and Earning Statement (LES). Any additional income must also be reported. The medical/nutritional screening includes height, weight, blood work, medical history, and a dietary recall (writing down what you ate for the last 24 hours).

Once a participant is found eligible, a food package is chosen and nutritional education provided. The participant receives food vouchers, much like a check, which specifies the food items allowed and the time frame in which the voucher must be used. WIC appointments will take between 30 and 45 minutes and each participant will be seen four times a year. Food vouchers will usually be distributed for three months at a time.

WIC is a very successful program which improves the health of the community and better prepares children for school years and learning. We are excited that this long overdue quality of life program will soon be in the European theater. ■

Development of the WIC Overseas Program

A brief review of the events and activities of the past few months will bring you up to date on this important program in our theater.

Public Law 106-65 directed DOD to provide the WIC benefit for eligible personnel serving/living overseas. In late April 00, TMA took responsibility for development of the WIC Overseas Program (WIC-OP) due to it having a tri-Service nature, and the TRICARE Europe Office Lead Agent assumed regional oversight responsibility for implementation.

The TRICARE Europe Lead Agent Executive Director initiated a meeting with TMA in August 00 to present the unique OCONUS limitations based on theater and operationally driven requirements for a new resource

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WIC Income Eligibility Guidelines

WIC Program Overview

WIC Income Eligibility Guidelines
(Effective from July 1, 2000 to June 30, 2001)
48 Contiguous States, D.C., Guam and Territories

	Annually	Monthly	Weekly
Family of 1	\$15,448	\$1,288	\$ 298
Family of 2	\$20,813	\$1,735	\$ 401
Family of 3	\$26,178	\$2,182	\$ 504
Family of 4	\$31,543	\$2,629	\$ 607
Family of 5	\$36,908	\$3,076	\$ 710
Family of 6	\$42,273	\$3,523	\$ 813
Family of 7	\$47,638	\$3,970	\$ 917
Family of 8	\$53,003	\$4,417	\$1,020
For each add'l family member, add	+5,365	+435	+104

Notes:

- To be eligible on the basis of income, applicants' gross income (i.e. before taxes are withheld) must fall at or below 185 percent of the U.S. Poverty Income Guidelines.
- BAH (BAQ+VHA) is subtracted from the gross pay stated on the LES when determining eligibility for military personnel.

Tri-Service Medical Logistics Program, *continued from page 4*

Regional logistics initiatives are intended to help commanders maximize the use of their resources; however, the success of this program depends on the discipline and support they devote to the program. In the military culture, only commanders can direct the efforts necessary to accomplish clinically led product review evaluations, make or authorize binding decisions on behalf of the facility, and impose the discipline necessary to achieve compliance. Command authority rests within the Service channels; however, it is the expectation of the Deputy Surgeons General of each Service that their commanders will support regional logistics programs.

For more information on this program, contact LCDR Geri Haradon at DSN 496-6316 or civilian 0049-6302-67-6316.

Open Access Project

by COL (Dr.) Robert Larsen, Medical Director

"Would you like to have an appointment today?" Imagine that was the first question you were asked each time that you called your health care clinic. "Impossible!" you say. Seven MTFs in the TRICARE Europe region are setting out to prove that this is not impossible. They are participating in a new initiative sponsored by the TRICARE Europe Office called "The Open Access Pilot Project." The inspiration behind this project was a presentation given by Ms. Jane Metzger at the TRICARE Europe Conference at Sonthofen in September 2000. She discussed new innovations in Primary Care Access and introduced the idea of Open Access. There was immediate audience interest in the topic and subsequently 5 Army MTFs as well as 1 Air Force and 1 Navy have agreed to participate in this exciting pilot project.

What exactly does "Open Access" mean? It means that the health care clinic makes a commitment to "do today's work today". That is the underlying principle behind the idea of offering an appointment for that same day to each patient who calls requesting an appointment. To accomplish this requires a fundamental shift away from our old thinking, which accepts delays in appointment availability as inevitable. Dr. Mark Murray, internationally recognized expert on Open Access, and a consultant to the Open Access Project maintains that each clinic is perfectly designed to reduce the delays in access that currently exist. Through a systematic evaluation of current processes and then making the necessary changes in critical clinic systems, dramatic improvements in access can be realized. To accomplish this requires the support of senior leadership, and a firm commitment to change by MTF leaders.

On 14 December 2000, team representatives from Butzbach, Friedberg, Heidelberg, Katterbach, SHAPE, Ramstein, and Sigonella participated in the first VTC with Ms. Metzger and Dr. Murray. The participants were very enthusiastic about the information presented and anxious to get on with the process of implementing this advanced access system. This will be a challenging and demanding project, requiring a great deal of time and effort from each participating MTF. In the months ahead there will be a number of follow on VTCs to provide information, monitor progress, and discuss problems. There will also be an onsite working conference in February 2001 at Sembach and another conference in May when the project comes to completion. The lessons learned at the pilot sites will be compiled and made available for all MTFs throughout Europe. This is an exciting project with the potential to fundamentally change the way our beneficiaries access care throughout our entire region. ■

Appointment Standardization, continued from page 5

We understand that these changes require not only a change in the system but also a change in the way you do business. So to help facilitate this change, TMA will be conducting business rules training later this year. The training is geared towards appointment and clinic personnel, but should also be attended by commanders, providers, and systems personnel. This training will ensure your facility has the knowledge it needs to implement this initiative.

I encourage everyone from the Commander down to take a moment and browse the TAI Web site, and to begin formulating your plans for implementing this initiative in your facility. The TRICARE Europe Office will be here to help you, but it will take everyone to make this a success. ■

clip and save!

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The DCAO Program - How Are We Doing?

by CAPT Cindy DiLorenzo
TRICARE Europe Deputy Director

As you all know, the Debt Collection Assistance Officer (DCAO) Program was implemented throughout TRICARE Europe in July 2001. The purpose of the program is to assist our beneficiaries in settling outstanding debts arising from TRICARE claims. The DCAO assumes responsibility for researching the claim(s) involved and obtaining an official determination as to the appropriate resolution of the claim. The DCAO provides feedback directly to the beneficiary and, if appropriate, provides written documentation necessary to assist the beneficiary in advising credit-reporting companies on unwarranted adverse credit information.

The TRICARE Europe Office has developed a web-based reporting system, which allows on-line reporting by MTFs, and automated consolidation of all MTF reports into a TRICARE Europe report. This has proven quite beneficial, eliminates the "stubby pencil" approach, and saves valuable time at the MTF and Regional level.

To date, most open cases in TRICARE Europe involve claims originating from care delivered in the U.S. While we report those cases and maintain "ownership" of them, the investigation and follow-up work is being accomplished by the appropriate DCAO in the U.S. Throughout TRICARE Europe, we have reported 31 actual debt collection case; we have been able to resolve 13 of these cases and are actively working on resolution of the other 18 cases. For a region with over 300,000 claims processed annually, 31 having "debt collection" issues is a small number. However, for the individual facing "debt collection" it is a significant problem.

To the DCAOs throughout TRICARE Europe - thank you for your hard work and dedication to resolving these issues quickly. Our beneficiaries deserve the effort you put forth on their behalf! ■

WISCONSIN PHYSICIAN SERVICES

The overseas claims processor, Wisconsin Physician Services (WPS) offers toll-free numbers in several European countries for TRICARE Service Center staff to reach them. Current WPS numbers are:

Germany	0800-1-8-23215
Italy	800-8-75982
United Kingdom	0800-966057
CONUS number (toll-call)	608-224-2727

TRICARE Dental Program (TDP) Enhances Benefits On Feb 2001

Dr. George Schad
Dental Program Coordinator

On 1 February 2001 United Concordia Companies, Inc. (UCCI), the dental contractor that administers the TRICARE Dental Program (TDP), will begin complying with new contract provisions of the military family member dental insurance program. This program is the same family member dental insurance plan that has been in existence for the past 10 years in the US, but it has several changes and a number of beneficiary enhancements.

The new contract benefits include some substantial changes, greatly enhancing what is already a very positive benefit for military members and their families. The OCONUS plan offers all of the benefits of the stateside program plus additional features afforded only to overseas participants. There are no cost shares in overseas locations for oral surgery, periodontics, endodontics, or most restorative procedures. In addition, the overseas family only pays 50% for orthodontics and several other services within the limits of annual and life time maximums. UCCI and the government pick up the remaining charges.

Following are some of the changes in the dental program for the new contract year beginning 1 Feb 2001:

- ✘ The contractor, not military personnel offices, will be responsible for enrollment in and disenrollment from the program.
- ✘ Age limits for covered orthodontic care will increase from 19 to 21 years of age for family members and to age 23 for students and spouses of active duty personnel.
- ✘ A toll free phone number to UCCI from most European countries will be available.
- ✘ An increased yearly maximum benefit for non-orthodontic care from \$1000 to \$1200
- ✘ An increase in lifetime benefit for orthodontic treatment from \$1200 to \$1500
- ✘ The premiums charged for the plan will drop to \$7.63 for single family members and to \$19.08 for families.
- ✘ In OCONUS, cost shares will continue to be waived for all dental care except for the 50% cost share on orthodontics, prosthodontics, and certain restorative procedures.
- ✘ The current TRICARE Family Member Dental Plan (TFMDP) will be combined with the TRICARE Selected Reserve Dental Plan (TSRDP) in both the CONUS and OCONUS areas and will be called the TRICARE Dental Program (TDP).

continued on page 5

The TDP in non-remote overseas locations has been designed to augment the dental care family members are currently eligible to receive in OCONUS Dental Treatment Facilities (DTF) throughout Europe. Joining the program is an individual decision and a number of factors should be considered:

- ✘ Amount and type of dental care available in the OCONUS DTF
- ✘ Amount of time family members spend in the United States
- ✘ College student or other family member living in the US who requires dental care
- ✘ Orthodontics or other specialty care that is needed/wanted but not available in DTF
- ✘ Possible emergency care needs when family members are away from the DTF area
- ✘ Advantages of coverage versus the cost of the premiums

Access to military DTFs in remote locations is not readily available. For this reason, the TDP is an especially valuable benefit for these family members. The numerous benefits of the program need to be personally evaluated by these families in order to make an educated choice on enrollment into the Program.

The TRICARE Europe Office in Sembach, Germany and your local DTF are there to assist with questions or problems that may arise with the TDP. You may contact your local clinic or call DSN 496-6358, commercial in Germany 06302-67-6358 or outside of Germany 49-6302-67-6358. E-mail at tfmdp@sembach.af.mil or george.schad@sembach.af.mil. ■

From the Director, continued from page 1

- ✘ Establishes Individual Case Management Program for Persons with Extraordinary Conditions (ICMP-PEC)
- ✘ Pays for school physicals
- ✘ Reimbursement of certain travel expenses

It is important that all of us in the medical community become familiar with these provisions; but we must also understand that there are still many “wrinkles” that must be “ironed” out before full implementation. Please continue to keep apprised of the details on these important new initiatives through our TRICARE Europe COMPASS and the TMA web site (www.tricare.osd.mil/ndaa).

intensive mission. Our purpose was to demonstrate that this was not “just a medical program,” although there is an important medical component to it, and that an infrastructure needed to be built that would not be interrupted by deployments.

Collaboration between TEO and EUCOM has facilitated the concept of a community-based Quality of Life Program for Europe. A TRICARE Europe Strategic planning workshop in September 00 included component theater representation from key shareholders. A Concept of Operations for the European theater was developed for the FY01 budget input/ FY 02-07 POM. A program planning workshop in November 00 focused on development of implementation timelines for the pilot sites as well as the sites in phase II.

Currently, TMA is in the process of contracting for “turn-key” operations. A contract was signed in October 00 to develop policy manuals as well as the software which will automate the eligibility process of potential participants. TMA is in the process of negotiating for a Non-Personal Service Contract for the hiring of personnel, purchase of office supplies, and the development of the banking process

Senior line military involvement and leadership has been paramount in engaging local commanders’ support. Dr. Rostker, Under Secretary of Defense, sent a letter to the Secretaries of the Army, Navy and Air Force engaging senior command line leadership and support. This was followed by a letter from General Fulford, Deputy EUCOM to the CINC commanders stating he “needed (their) support to ensure installations and bases have the necessary resources to stay on track with implementation plan in Europe.”

Continued support from the installation commanders and all support components such as media, family services, DeCA, line and senior enlisted communities is essential in order to achieve the same success in the overseas arena that WIC has experienced in the states. We are looking forward to providing this important educational and nutritional based program to our overseas military and family members in the near future. ■

Update: Routine Enrollment of Family Members E-4 and Below

Recently TMA announced that the planned routine enrollment of active duty military family members of E-4s and below would not be accomplished as originally anticipated. Rather than automatically enrolling individuals, regions will identify those who have not enrolled and send them letters explaining the TRICARE Prime benefit and offering them the opportunity to enroll.

Public Affairs and Marketing

by Sue Christensen
Public Affairs Officer



Marketing Orders. Production of the October order for marketing materials was finally started in late January. The contractor has estimated 4-6 weeks for production and delivery of the PHA packets, TRICARE Europe wallet cards, passports and passport folders. In the meanwhile, the earlier orders for passports and folders have been received at long last. If you did not receive your requested quantity, please contact me as soon as possible to follow-up with the contractor. As always, if you see any errors or incorrect information in any of these products, please make sure to let us know so we can ensure corrections are made in the next order.

New TRICARE Web Site. TRICARE Europe deployed a new web site on 15 Jan 2001 in an effort to simplify and improve movement around the site and the ability to find specific information. Make sure to browse the new site and let us know what you think. Comments can be sent to teo@sembach.af.mil.

NDAA Information on TMA Web Site. TMA has developed a special page for the latest information on the National Defense Authorization Act, available at <http://www.tricare.osd.mil/ndaa>. Make sure to check this site regularly to keep abreast of the latest updates on this program. We also recommend that medical facility and TRICARE Service Center staff who counsel our beneficiary population become familiar with some of the Medicare basics. Information on the Medicare program is also available online at <http://www.medicare.gov>. As I told one individual re-

cently, we are all in a position of having to become instant experts on Medicare, and the more we can learn about this program, the better guidance and support we can provide to our over-65 beneficiaries.

Retiree enrollment in Medicare Part B. Many European retirees are not aware that we are currently in the middle of the only Medicare open enrollment period this year, and they must be enrolled in Medicare Part B by 31 March in order to use the TRICARE benefit when it begins on 1 October. Retirees who turn 65 on or after 1 April 2001 must also enroll in Medicare Part B in order to use the TRICARE Senior Pharmacy benefit which begins on that date (those who turned 65 before 1 Apr are grandfathered and are not required to enroll in Medicare Part B in order to use the pharmacy benefit). Interested individuals may contact the Social Security Administration (SSA) at **1-800-772-1213** to have the appropriate forms mailed to them. They may also contact the Foreign Benefits Unit of the American Embassy or Consulate in their country. Forms are not available online because they must be partially completed by the SSA agent. This also means that our TSCs cannot maintain a supply of these forms. Individuals may also contact their US consulate or embassy for information and forms.

Note that the cost of the Part B premium is \$50 a month for 2001. For individuals that did not enroll when they turned 65, there is an additional 10 percent added to the premium for each year of prior eligibility. The penalty for late enrollment in Medicare Part B cannot exceed 100% (maximum premium of \$100 per month). Medicare has no current plans to waive this penalty for overseas beneficiaries who did not sign up for Part B when they became eligible. ■



TMA Staffers Visit TRICARE Europe

TRICARE Europe's Customer Services Division staff members discuss important issues with members of TMA during a recent visit to the TEO offices at Sembach AB, Germany. Visiting from TMA were CAPT Eleanor Valentin, CAPT John D'Alessandro, Major Parks Gibson and Ms. Judy Carroll.

Health care for our older beneficiaries - the past, the present, and the future

By H. James T. Sears, M.D.
Executive Director, TRICARE Management Activity
1 Feb 2001

When I speak to TRICARE audiences, I often remind people that I, too, am a TRICARE beneficiary, one that is approaching the age of eligibility for Medicare benefits. Many leaders in the military health care program are current and former career uniformed services personnel, and we have always shared your concerns about the extent to which the Department of Defense (DoD) could provide medical services to this beneficiary population. The expansion of TRICARE medical and pharmacy benefits to include uniformed services retirees and their family members age 65 and older, provided in the FY 2001 National Defense Authorization Act, is a change that all of us welcome. As we look forward to implementing these changes in the TRICARE program, it is a good time to reflect on what brought us to this new beginning.

Before TRICARE, the service military treatment facilities took care of career military retirees, even after they turned age 65. The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) provided coverage for military retirees until they became Medicare-eligible at age 65. Medicare has been the responsible federal health care system for all persons age 65 and older, including uniformed services beneficiaries, since 1965. CHAMPUS integrated with the services' military treatment facilities to form TRICARE.

Over the years, military retirees and their family members age 65 and older continued to have space available care and pharmacy benefits at military treatment facilities. Those who were using military pharmacies and lost access to them because of base closures could use TRICARE's National Mail Order Pharmacy and retail network pharmacies.

Under TRICARE, the DoD conducted several demonstration and pilot programs to find the best way possible to care for our Medicare-eligible military beneficiaries: TRICARE Senior Prime, the TRICARE Senior Supplement Program, the Federal Employees Health Benefits Program (FEHBP) demonstration project, and the Pharmacy Redesign Pilot Program. Some of these programs, including the TRICARE Senior Prime Program, will be extended for a time.

The dental insurance benefit for the entire military retiree population has no age restrictions. All retirees are eligible to enroll for the TRICARE Retiree Dental Program, which now provides "enhanced" dental coverage to all new enrollees. Current enrollees can upgrade to the enhanced program at a higher premium cost. *[TEO note: overseas retirees are not able to sign up for the retiree dental program.]*

Finally, last October 30, President Clinton signed legislation that enables the DoD to provide TRICARE benefits to Medicare-eligible beneficiaries. Now, all of us at TMA are pulling together to deliver long-awaited TRICARE benefits, called TRICARE For Life, to our 65 and older beneficiaries. These are challenging and exciting times, and I have never seen a more positive "we can do that" attitude here at TMA. Why? Because our staff members share the belief that it's the "right thing to do," and they are proud to play a part in this historic

effort. Right now, we are still determining some of the technical details to implement the 65 and over TRICARE initiatives. This much we know:

- TRICARE will be second payer to Medicare beginning Oct. 1, 2001, for eligible beneficiaries.
- If you are 65 or older, not currently enrolled in Medicare Part B, and plan to use TRICARE, you are urged to seriously consider enrolling during Medicare's open enrollment season, Jan. 1 through March 31. Even though Medicare does not provide overseas coverage, you need to be enrolled in Medicare Part B if you want to use your TRICARE benefit overseas. To begin receiving information in the mail and to ensure your eligibility for TRICARE For Life, you must make sure your address and personal information is reflected accurately in your DEERS (Defense Enrollment Eligibility Reporting System) record.
- Enrollment to TRICARE Prime will be available as soon as practical, depending on local military treatment facility capabilities.
- The Senior Pharmacy Program will be available April 1, 2001. Eligible beneficiaries who are 65 or older before April 1, 2001, can use it regardless of their Medicare Part B enrollment status. Those who turn 65 on or after April 1, 2001, must enroll in Medicare Part B to use the program. Senior beneficiaries will have the same applicable pharmacy co-pays that other TRICARE retired beneficiaries have. Beneficiaries using the base realignment and closure (BRAC) benefit and the Pharmacy Redesign Program will automatically become participants in the Senior Pharmacy Program.

TMA is working in close partnership with The Military Coalition and the National Military and Veterans Alliance to ensure implementation of these new initiatives goes as smoothly as possible. As you may know, these groups played major roles in working with Congress to enable the DoD to restore health care benefits to its 65 and older beneficiaries. We formed a Health Issues Team (HIT) comprised of representatives from these groups to meet regularly with TMA officials about their TRICARE concerns. Now, we have formed two new TRICARE For Life panels, one senior and one working level, to allow beneficiary association leaders and representatives to meet regularly with Health Affairs and TMA leadership to address program implementation issues.

In the months ahead, you will hear many of the details about TRICARE For Life and the Senior Pharmacy Program. There is much to learn. TMA's press releases are re-published by hundreds of military publications, used in base newspapers worldwide, and shared with all the members of The Military Coalition and the National Military and Veterans Alliance. If you have access to an online computer, visit our Web site regularly at <http://www.tricare.osd.mil/ndaa> for the latest updates.

These are historic and great times for military medicine. Uniformed services retirees age 65 and older will be honored for their service to their country with one of the best health care benefits in the world. It is with great satisfaction that we embrace our responsibilities to all our beneficiaries, and look forward to fulfilling our important commitment to serve their health care needs, while continuing to focus on our primary mission - maintenance of a healthy fighting force for America.

TRICARE EUROPE EXECUTIVE STEERING COMMITTEE

Brig Gen Richard Ursone (Lead Agent & Chair) . Comd Surg, USAREUR
Colonel (Dr.) Thomas J. Loftus Command Surgeon, HQ USAF
CAPT (Dr.) Thomas K. Burkhard ... Fleet Medical Off, CINCUSNAVEUR
Col Debra Geiger (Cerha) Executive Director, TRICARE Europe
CAPT (Dr.) Richard B. Hall II Cmd Surgeon, HQ USEUCOM/ECMD
CAPT Phil Barnett Chair, MTF Commanders Council
Col (Dr.) James Schrader Chair, Dental Advisory Committee

TRICARE EUROPE STAFF CHANGES

Welcome to

.....CAPT Rod Fierek, now working in the Population Health Division

.....CPT Eric Edwards, who is taking over management of the PHA
and HEAR programs

.....Shane Pham and Sean Glover, now working in the Customer Sup-
port Services Division.

.....Arthur Pedersen, who arrived to fill the position of TRICARE
Europe webmaster in December.

Congratulations to

.....CAPT Cindy DiLorenzo, who pinned on Captain rank on 1 Decem-
ber 2001.

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## TRICARE EUROPE OFFICE STAFF

Col Debra Geiger  
CAPT Cindy DiLorenzo  
SFC Darrell Kelley  
COL (Dr.) Robert Larsen  
CAPT Maureen Hogan  
Lt Col Elizabeth Robison  
CAPT Rod Fierek  
CPT Eric Edwards  
Maureen Sherman  
LCDR Geri Haradon  
K.C. Collins  
Sonny Bowen  
Maj Tom Haines  
MSGT Ron Peoples  
SPC Jason Tyson  
Uli Engel  
Martin Hollingworth  
Sean Glover  
Shane Pham  
LTC Beatrice Stephens  
DeAnn Haase  
Daryl Kanter  
1Lt Derrick Eckley  
Terry Taylor  
Arthur Pedersen  
Mark Judson  
Sue Christensen  
Christine Ribble  
Dr. George Schad  
Anne Beauchamp

Executive Director  
Deputy Director  
Superintendent, Admin Services  
Medical Director  
WIC Program Manager  
Director, Population Health  
Population Health  
Population Health  
Breast Health Program Coordinator  
Director, Operational Mgmt Support  
Budget Officer  
Contracting Officer  
Director, Customer Support Svcs  
Deputy Director, Customer Services  
Customer Support Services  
Customer Support Services  
Customer Support Services  
Customer Support Services  
Customer Support Services  
Director, Health Plan Analysis  
Data Analyst  
Data Analyst  
Chief Information Officer  
LAN Administrator  
Web Administrator  
Data Analyst  
Director, Public Affairs & Marketing  
PA&M Assistant  
Dental Program Coordinator  
Dental Program Assistant



TRICARE EUROPE  
UNIT 10310  
SEMBACH AB, GERMANY  
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OFFICIAL BUSINESS

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ADDRESSEE: Please e-mail address corrections/updates to TRICARE Europe at [teo.pao@sembach.af.mil](mailto:teo.pao@sembach.af.mil)